

## REMARKS

Rejected claims 79, 80, 85, 86, 91 have been canceled, and claim 87 was previously withdrawn from further consideration in this application.

Claims 78, 89, 90 and 105 have been rejected under 35 U.S.C. § 102(e) as being anticipated by Gough et al '290. This rejection is respectfully traversed with respect to these claims as amended herein.

These claims now variously recite “energy delivery portion including a shape memory material that facilitates bending following deployment of the energy delivery portion and that facilitates straightening in response to retraction of the energy delivery portion relative to the elongated shaft, the shape of the elongated energy portion following the contour of an inner wall of a heart in the deployed state to substantially conform the elongated energy portion to the inner wall of the heart with the elongated shaft positioned through a penetration in the wall of the heart,” and “the energy delivery portion is configured to substantially conform to a tissue region surrounding a pulmonary vein,” or “. . . to at least a portion of a lateral wall of the right atrium,” or “the energy delivery portion is configured to produce a concentrated directional electromagnetic field to a side that is oriented proximate to a tissue surface of the inner wall of the heart in order to produce a linear lesion at the inner wall of the heart.”

These aspects of the claimed invention are not disclosed or even suggested by Gough et al '290 which is understood to rely upon secondary antennae that can be deployed laterally from within a rigid primary antennae in order to supply ablation energy to a tissue mass within the bounded region between the primary and secondary antennae. The disclosure of this reference is deficient on structure that concentrates directional electromagnetic field toward targeted tissue on an inner heart wall, and on configuration of the energy delivery portion into a conforming orientation with an inner heart wall, and on any such aspects resembling Applicants' claimed invention. At best, the rigid primary antennae and flexible secondary antennae of this reference radiate energy omnidirectionally to define the periphery of an ablative volume on the basis of the extent to which the secondary antennae are deployed away from the primary antenna. It is therefore respectfully submitted that claims 78, 89, 90 and 105 are not anticipated by, but instead are patentably distinguishable over, the cited art.

Rejected claims 41-46, 53, 66, 67, 76, 102-104, and 106-110 have been cancelled without disclaimer of the subject matter thereof.

Claims 36, 57, 100 and 101 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over Gough et al '290 in view of Kasevich '490. This rejection is respectfully traversed.

These claims specifically recite “upon deployment the antenna device is substantially straight and assumes an angular orientation relative to a longitudinal axis of the introducer, the angular orientation placing the straight antenna device in a direction towards and substantially parallel to an interior portion of the penetrated wall for producing a linear lesion at the tissue region of the penetrated wall which is targeted for ablation,” or “the microwave energy delivery portion within an interior cavity of the beating heart, the microwave energy portion being configured to be deployed from the probe within the interior cavity of the beating heart, the microwave energy portion also being configured to match the shape of the interior portion of the wall for linearly ablating the interior portion of the wall of the beating heart,” or “the longitudinal energy delivery member being configured to conform to an inner wall of the organ for producing a substantially linear lesion on the inner wall of the organ in response to ablative energy delivered to the longitudinal energy delivery member,” or “the deployed longitudinal energy delivery member assumes an angular position that places the longitudinal energy delivery member substantially parallel to the inner wall of the organ such that each longitudinal portion of the longitudinal energy deliver member is substantially equidistant from the inner wall of the organ.”

These aspects of the claimed invention promote predictable and repeatable orientations of a tissue-ablative device with respect to an inner wall of an organ

such as a heart. These aspects of the claimed invention are not disclosed or even suggested by the cited references considered either alone or in combination proposed by the Examiner.

Specifically, the deficiency of Gough et al '290 is discussed in the above Remarks with respect to claims 78, 89, 90 and 105. And, Kasevich '490 is understood to position first and second radiating elements along a longitudinal axis of an antenna that receives electromagnetic energy in the first radiating element for coupling to and resonating with the second radiating element. There is no disclosure in this reference of deploying a radiative ablating element into an organ cavity through an introducer to align with an inner wall of the cavity, in a manner as claimed by Applicants. Thus, merely combining these references as proposed by the Examiner thus fails to establish even a *prima facie* basis including all of Applicants' claimed elements from which a proper determination of obviousness can be made. It is therefore respectfully submitted that amended claims 36, 57, 100 and 101 are now patentably distinguishable over the cited art.

Rejected claims 81 and 51 have been canceled.

Allowance of claims 37-39 is noted with appreciation.

Favorable consideration is solicited.

Respectfully submitted,  
DINESH MODY, ET AL., ET AL.

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By: A.C. Smith

Albert C. Smith, Reg. No.: 20,355

Fenwick & West LLP

801 California Street

Mountain View, CA 94041

Tel.: (650) 335-7296

Fax.: (650) 938-5200